

CHILDREN'S INTEGRATED SERVICES **CONTRACT PERFORMANCE MEASURES**

All contractors must report on the following performance measures met during the reporting period (see the CIS blog for most recent reporting guidance and template) by providing required data and narrative reports to the CIS Coordinator for submission with the regional report to the State CIS team. For each performance measure, we will be evaluating data trends over time and using this information to include more specificity in the performance measures for future contracts.

- 1) Increase in the percentage of those served by CIS who achieve one or more plan goals by the annual review or exit from all CIS services (whichever is earliest);
Rationale – The State expects that the achievement of plan goals is a valid measure of client progress.
- 2) Increase in the percentage of those served by CIS within timelines found at <http://cisvt.wordpress.com/2011/04/12/cis-timeline-guidance/>;
Rationale – Timely provision of services is the State's expectation and linked to better outcomes for children.
- 3) Increase in the percentage of those served by CIS who have no further need for immediate related supports upon exiting CIS services¹;
Rationale – The State expects that investment in health promotion, prevention and early intervention is linked to better outcomes for children.
- 4) Increase in the percentage of those served by CIS reporting satisfaction with CIS services, based on surveys distributed locally at annual review or at exit (whichever is earliest). The data will be collected, analyzed, and disseminated by CDD.

¹ An immediate related support refers to continued need for supportive services which continue from goals begun in a CIS One Plan. These might be:

- a) Direct nursing supports (continued supports to ensure a child's health needs are met such as consultation regarding Type 1 diabetes, or support in obtaining a medical or dental home);
- b) Family supportive services (such as Intensive Family Based Services or supports around parenting or family stability);
- c) Developmental supports (such as Part B services or a Coordinated Services Plan
- d) School-age or intensive (out of the bundle) mental health services; or
- e) Specialized child care supports that follow a child beyond the age of six from goals begun in a CIS One Plan.

Any new supports a child/family might be referred to upon transition/exit from CIS services such as WIC, Reach Up, play or parenting groups, substance abuse treatment, etc, which are not continued from goals begun in a CIS One Plan would not be considered a related support. Any of the above mentioned related services also would not be counted if a family sought them at a later date, after having fully exited CIS services, with no service needs immediately identified, recommended and provided.

Fully Integrated Contractors must additionally report on the following performance measures met during the reporting period (see the CIS blog for most recent reporting guidance and template):

- 5) Increase in the number of referrals received directly by the CIS Coordinator and the total number of all CIS referrals. Data to be collected and reported by the CIS Coordinator.

Rationale - The CIS goal is to have all referrals come through the CIS Coordinator (except for urgent referrals) so that families have timely access to the CIS teaming process.

- 6) Increase in the percentage of performance measures that are met. The data will be collected, analyzed, and disseminated by CDD.

Rationale – The State expects improved performance (as measured by meeting performance expectations) from the fully integrated model.

- 7) Decrease or no increase in the average number of service professionals interacting directly with families.

Rationale – The State expects the use of the CIS model, including the consultation team, will maximize multidisciplinary views and decrease the number of providers serving an individual family.